



Cobb County Sheriff's Office

~V.I.P. Program Criminal History Consent Form~

I hereby authorize the Cobb County Sheriff's Office to request and receive criminal history information pertaining to me from the files of the Georgia Criminal Information Center (GCIC), the Federal Bureau of Information (FBI), and/or any other state holding criminal history information. This criminal history should reflect any reportable offenses from all local, state and federal criminal justice agencies.

I understand that this criminal history inquiry is being conducted for the purpose of qualifying me to participate as a Volunteer for the Cobb County Sheriff's Office. As part of this consent and in compliance with established rules, I hereby give consent to the Cobb County Sheriff's Office to perform periodic criminal history background checks for the duration of my participation in the V.I.P. Program.

Full Name (Print)

Maiden name or other names used

Address

City

State

Zip Code

Social Security Number

Race / Sex

Date of Birth

Place of Birth

Height

Weight

Eye color

Hair color

Signature of applicant

Sworn to and subscribed before me on

this _____ day of _____ 20_____.

Notary Public

My Commission expires